

Division of Health Service
Regulation

N.C. Department of Health
and Human Services

**NURSE AIDE I TRAINING PROGRAM
COURSE SCHEDULE FORM**

Please Print Legibly.

Date:						
Name of Training Program:						
County Location of Training Program:						
			Program Hours (use online column if applicable)			
Day	Module Letter and Name	Audiovisual Name and Run Time	Class	Online	Lab	Clinical

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Overall Total						